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PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/017,676	
	Filing Date	Dec 14, 2001	
	First Named Inventor	Abdollahi-Alibeik, Shahram	
	Art Unit	2186	
	Examiner Name	Bataille, P.	
Total Number of Pages in This Submission	3	Attorney Docket Number	204.1001.02

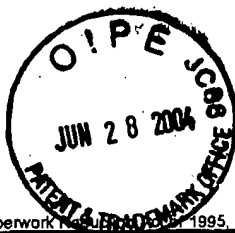
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Date	6-22-2004	

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PTO/SB/82 (09-03)

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Application Number	10/017,676
Filing Date	12/14/2001
First Named Inventor	Abdollahi-Alibeik et al.
Art Unit	2186
Examiner Name	Bataille, P.
Attorney Docket Number	204.1001.02

I hereby revoke all previous powers of attorney given in the above-identified application.

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Shahram Abdollahi-Alibeik				
Address	PO Box 19389				
Address					
City	Stanford	State	CA	Zip	94309
Country	USA				
Telephone	650-575-6690	Fax	650-745-1098		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Shahram Abdollahi-Alibeik		
Signature	<i>Shahram Abdollahi</i>		
Date	6/16/2004	Telephone	650-575-6690

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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<input checked="" type="checkbox"/> Firm or Individual Name	Shahram Abdollahi-Alibeik				
Address	PO Box 19389				
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Mayur Vinod Joshi		
Signature			
Date	6/18/2004	Telephone	650-465-2772

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